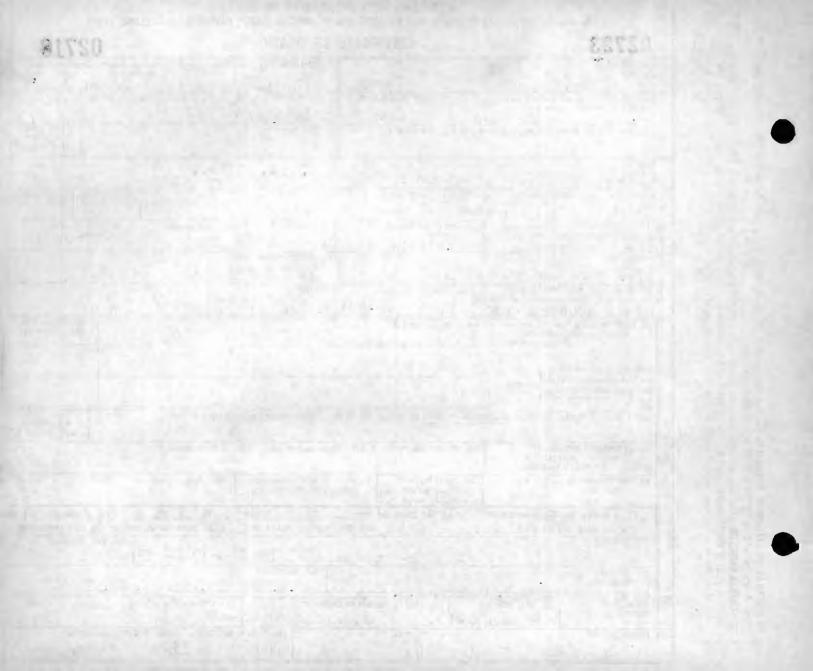
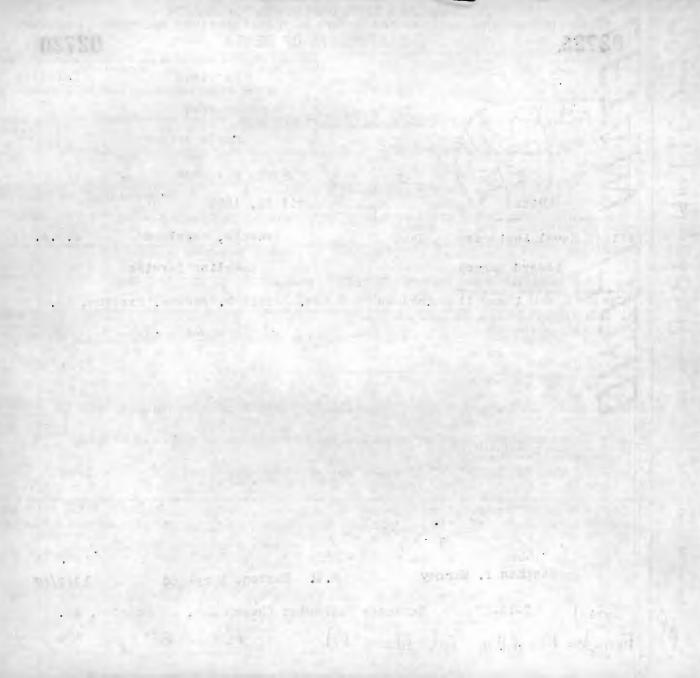
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02723 filled in by the funeral in papers. Pages I and 2executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY TALBOT MARYLAND MARYLAND event, within 72 hours after b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 19 years BURAL RURAL EASTON EASTON e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 00 YES NO D 3. NAME OF Middle Lost 4. DATE First Month Doy Year and campletely DECEASED ANDERSM PHILIP RANDOLPH FEBRUARY 1965 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthday) Manths Haurs Days MARCH 23, 1916 cremation, ar removal, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be en please during most of working life, even if retired 1 **INDUSTRY** COUNTRY? WASHINGTON . D.C. RESIGUMBER LUMBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phys ETER MELVIN ANDERSON GRACE MARGAX WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give wor ar dates of service) 577-16-8444 ANDERSON LUMBER CO. INC. FASTOW - MD WORLDWAR I UES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO burial. Canditians, if any, which gove rise to immediate cause (a), DUE TO for use as the t f Health priar ta b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached for use State Dept. af Health NO K YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While 19 ot work of work 2). I certify that (1) (this hospital) attended the deceased from 6 apr . 1966 ta director, page 3 shauld shauld be filed with the 19 67, and that death accurred at 10 6 M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) P.O. Box 929. Easton. 23a BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) ARLINGTON NATIONAL (EMETERY VA. HOLINGTON 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02724 CERTIFICATE OF DEATH and 2 the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a COUNTY h COUNTY MARYLAND after ve carban papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town requires that the death certificate be executed within 24 haurs - RASONVILLE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? = INSTITUTION (If not in hasbital, give street address) campletely filled YES NO 3. NAME OF Middle DATE Manth Day Year remove carban DECEASED 10 6 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH NEVER MARRIED last birthday) Months Hours Dovs DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI NKNOWN NKNOWA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates at service) cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. foctory, street, office bldg., etc.) Nat While of work 2). I certify that (I) (this hospital) attended the deceased from of, and that death occurred of 45 M. 19___, that (I) (we) last M, from couses and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATURE ATTENDING K Robert W. rever M.D. DIRECTOR PHYS. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL REVER EASTON NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION STEVENSVILLE STEVENSVILLE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Chambo.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Marvland Caroline by the Pages 1 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b bon papers. Pag within 72 hours write RURAL and give nearest town) hours Preston dans .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Maple Avenue YES No A within r and completely remove carbon n any event, with etely 3. NAME OF DATE Month Day Year Middle Last 4. DECEASED (Type or print) DEATH 19 6 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last blythday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TA NEVER MARRIED Male White April 19, 1899 WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Ø during most of working life, even if retired) INDUSTRY Preston, Maryland U.S.A. Retired Naval Engineer Navv certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending it permit. The nation, or remit remd Edward Benson Emmaline Carmine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Yes W W 1 and Unknown Mrs. Bessie M. Benson, Preston, Md. cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN been signed the burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 30 00 IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health PERFORMED? FICATI certificate NO X YES [20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) t, of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detach MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. After While Not While p.m at work at work retained 1967 to 1967, that (I) (we) last 21. 1 certify that (1) (this hospital) attended the deceased from 13 DIRECTOR: age 3 should led with the Fel and that death occurred at 128 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED 8 8 8 MED. DIRECTOR STAFF page ATTENDING ' 13 M.D. 4 may PHYSICIAN'S NAME (Type Stephen P. FUNERAL ADDRESS director, p Carney Easton. Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 0 2-14-67 Bethesda Methodist Church Cem. Preston. Md. Burial ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Md VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Item blease remare carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, trematian, or remayer, and in any event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1,	a. COUNTY	. POM	MARYLANI	a STATE	here deceased lived, if institution			
-	b. CITY OR TOWN (If outside write RURAL and give a	de carparate limits, pearest town)	c. LENGTH OF STAY IN 16		side carparate limits, write RUR/ Mary land	AL and give nearest tawn)		
	Men	INSTITUTION (If not in)	aspital, give street address).	d. STREET ADDRESS 207 North	3rd Street	B. IS RESIDENCE ON A FARM? YES NO Z		
	NAME OF DECEASED (Type or print)	ary First E	lyabeth	Bowul 1 B. DATE OF BIRTH	4. DATE Month OF Le Company 9. AGE (In years	Day Year 7		
1.	SEX 6. CO	/	MARRIED NEVER MARRIED [IDOWED DIVORCED [B. DATE OF BIRTH Jan 21,1924	4. Age (in Years)	Manths Days Haurs Min.		
10 di	Da, USUAL OCCUPATION (Give turing most of working life, even	aind of work done	10b. KIND OF BUSINESS OR INDUSTRY	Hasten, Ma	State, ar fareign cauntry)	12. CITIZEN OF WHAT		
7	3. FATHER'S NAME Robert Lawre	ACO	*	14. MOTHER'S MAIDEN N. Estella He				
	S. WAS DECEASED EVER IN U.S. Yes, no, ar unknown) (If yes, No.		16. SOCIAL SECURITY NO. 215-20-2606	17. INFORMANT Memorial Hosp.	Addres, , Easten, , Maryl			
	DART & SEATH MAC	CAUSED BY: MMEDIATE CAUSE (a) DUE TO gave (b) e (a),	Metastatic Falloy	carcinor	na of th	Uncertain		
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED) TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{D} \)		
		SE OF DEATH	205. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	art I ar Part II of item 1B.}			
	20c. TIME OF INJURY Me Haur a.m. p.m.	onth, Day, Year 19	20d. INJURY OCCURRED 20e While Nat While at wark	e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)		
	21. I certify that (I) (this hospitol) attended the deceased fram, 19, to, 19, that (I) (we) last sow the deceased olive on, 2, 19, ond that death occurred of, M, from couses and on the date stated above.							
	Name and Address of the Owner o	obert W	1. Trever	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type)	obert W. T	rever, M. D.	Rt. 50,	Easton, Md. 2	1601		
2	30 BURIAL CREMATION,	Mar 4, 19			23d. LOCATION (City or Tow	n) (County) (State) Denton, Md.		
	24. SUMERAL DIRECTOR	. 07	ADDRESS Eas		BY REGISTRAR 2Sb. REG	Eliantes Judge		

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Talbox b. COUNTY by the financial Pages 1 urs after lalbox MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours 24 hours ueans aston .5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 210 Brookletts Ave. 210 Brookletts Ave. NO X and completely remove carbon p executed within 3. NAME OF Month Year Middle Day First **DECEASEO** OF DEATH 1967 2 allahan (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours any WIDOWED DIVORCED 12. CITIZEN OF WHAT physician = 10a, USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) lease and ir requires that the death certificate be aroline Maryland Nursing been signed by the attending physthe burial-transit permits. Then plot to burial, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maude Anthony Harry W: McMahan 21 auguno portetts Ave. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) aston, Md. Louis A. lallahan. INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OFATH PART I, DEATH WAS CAUSED BY: moulde the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate as the prior to **OUE TO** (a), stating underlying cause last. After this certificate has d be detached for use as (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use f Health p PERFORMEO? NO 7 YES PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL. (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. Not While While at work at work p.m. retained P 1966 to 196 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: shoul and that death occurred at 10 A.M. from the causes and on the date stated above. saw the deceased alive on 3 sho OATE SIGNED 22b. 22a. SIGNATURE ATTENDING STAFF PHYS. filed DIRECTOR M.D. TO HOSPITAL (Page 4 may **ADDRESS** 22d. PHYSICIAN'S pe NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b., OATE, THEREOF Woodlawn Nemorial Park aston. REGISTRARI 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR EB'D BY 196 E. NEUWAM & SON, Easton, Mc. VR A15 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02728 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) by the attending physicion and completely filled in by the funsra ransit permit. Then please remove-carbon papers. Pages I/offel o. COUNTY o. STATE MARYLAND CITY OR TOWN (If outside carporate limits. r LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town) burial-transit permit. Then pleose remove-carbon papers. Pages burial, cremation, or removol, ond in ony event, within 72 hours af write RURAL and give nearest town) A.StoN e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 206 KidWE YES NO A NAME OF First Lost DATE Doy Year DECEASED 19 6 DEATH (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. SEX DATE OF BIRTH AGE (In years 7 MARRIED Manths birthday) Davs Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done JANDUSTRY during most of working fe, even if retired) RETIRED FARMER -ARMIN 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service No IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse Page 4 moy be retoined by the hospital or ottending os the hos been last. for use os WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p NO this certificate 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Haur a.m. Not While factory, street, affice bldg., etc.) at work O FUNERAL DIRECTOR: After 1967, that (I) (we) last 21. I certify that (I) (this traspital) attended the deceased fram 8 1967 to 15 FL director, page 3 should should be filed with the and that death accurred at 12 FTAM, from causes and an the date stated above saw the deceased alive an. Fel 196 22b. DATE SIGNED 22a, SIGNATURE 2-15-6 MD. PHYS. DIRECTOR PHYS. ADDRESS 22c PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 24. FUNERAL DIRECTOR 2So REC'D BY 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 hours after death signed by the attending physician and completely filled in by the funeral butiol-transit permit. Then please remove corbon papers. Pages I and butiol, cremation, or remover after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before damission) PLACE OF DEATH a. COUNTY o STATE b. COUNTY MARYLAND CITY OR TOWN (If autside carparate c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RJRAL and give negrest town Irappe IS RESIDENCE ON A FARM? (If not in hospital, give street address) d. STREET ADDRESS YES NO 3 NAME OF Lost 4 DATE Month Dov Year DECEASED 19 (Type or pnnt) DEATH AGE (In years last birthday) S SEX 6. COLOR OR RACI DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED White Months Days Hours Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Talbot Maryland Parmina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert J. Dawson Willie Nicolla IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) no 18. CAUSE OF DEATH (Enter only one cause per upe for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause ottending os the prior to has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or ξ 20g ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ō be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While While at work L at work 21. I certify that (1) (this haspital)/attended the deceased fram should and that death accurred at/13 M. frank causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 3,21 director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN S Krech NAME (Type) director, 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (State) prine Hill ADDRESS 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

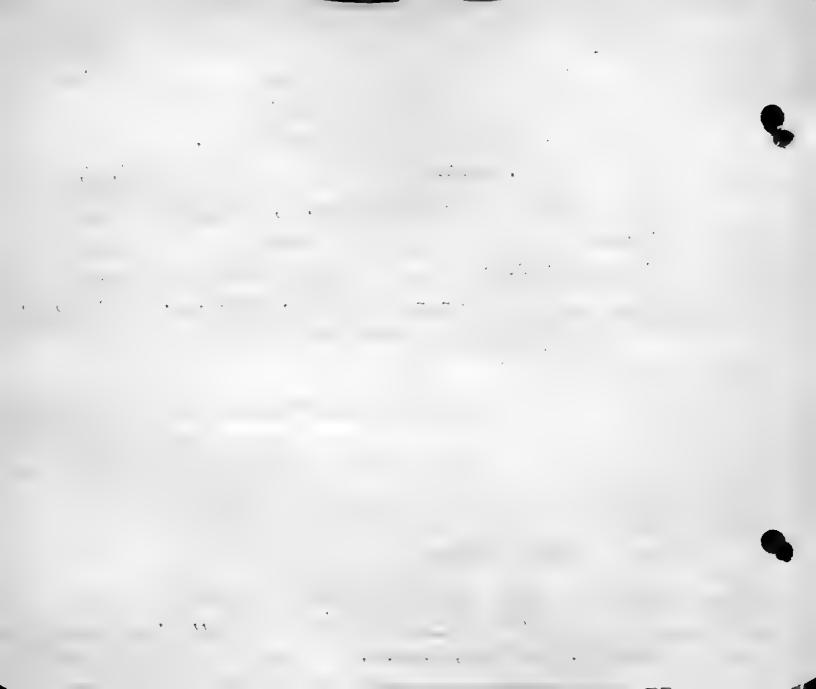


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o. COUNTY attending physician and completely filled in by the fund permit. Then please remove carban papers. Pages 1 a o. STATE b. COUNTY . MARYLAND ease remove carban papers. Pages I (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest fown Caston e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS (hoptank Ave. YES NO 🔀 NAME OF 4. DATE Doy Yeor DECEASED OF JUANGO 196 (Type or print) DEATH 6. COLOR OR RACE S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Months Dovs Hours WIDOWED DIVORCED temale 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR B.RTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Guilfond

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, or remayal, William Knight Mary Lamb 114 Chaptank Ave. 17. INFORMANT 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service) Moses Durham. no CAUSE OF DEATH (Enter only one couse per line (6)(o), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y. INTERVAL BETWEEN burial-transit ONSET AND DEATH 17 10 177817/2 IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. Conditions, if ony, which gove rise to immediate couse (o). stoting the underlying couse has been d far use as the af Health prior ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache should be filed with the State Dept. 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m foctory, street, office bldg , etc.) Not While of work of work 19___, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from ed from______, 19____, ta______, 19____, that (I) (we) last _, and that death accurred at ______, M, fram causes and on the date stated above. to have saw the deceased alive an 22o. SIGNATURE 226. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) (3EMOVAL USgecity) 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25o. REC'D RY REGISTRAR VR A15 (4) 20 M 1/66 rastow. Mrs



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FDR STATE	02731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02726
HEALTH DIRT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, It Institution, Residence before admyssion) e. COUNTY
Page lies.	7albot MARYLAND STATE Maryland Baltimore
Files.	b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
necessary retor. Page our files.	write RURAL and give nearest town) Oxford Baltimore
lay is nectal directo for your Departmedesth.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 o. 15 RESIDENCE
delay neral or sed for ter de	II) ON A FARM?
nny de s funer tained State	Morris Street Wyman Park Apts. YES NO X
If any delay is necestor to the funeral director. I retained for your fithe State Department ours after death.	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	OF DECEASED (Typa or print) Estelle 7. Eastwick DEATH Feb. 12, 1967
25年2	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 HRS.
. E E N C	Female white WIDOWED DIVORCED Sent 15: 1892 Thyra. Months Days Hours Min.
きょう やモ	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign sountry)
Durs of Page Is 1 an	Housework Manyland USA
Hours ages 1 3. Pag ges 1 a	Housework Maryland USA 13. FATHER'S NAME 4. MOTHER MAIDEN NAME
N a N a N	10. 11. II C.,
and with the Pages with form PM3. Figure pages , and in any even	William Henry Stinson Estelle Trego Roane 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address RF-177
18. Ve.	[Yas, no, or unkown] [Utvestivewarordalasofservice]]
uted w Item 18 with permi	no 216-18-6630 Andrew M. Eastwick, Jr. Cockysville, Md.
sit s	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
ould be executed in pencil in them Office along with buriel-transit per n, or removal, an	IMMEDIATE CAUSE (a) ASCVD C CEREBRAL THROMBOSIS YEARS
4 0 0 1 2	DUE TO
out Diffe	Conditions, if any, which (b)
ts a straight of the straight	gave rise to Immediate cause (a), stating the underlying DUE TO
rtificate shor "pending" i xaminer's C used as a b used as a b	cause lest. (c)
R: This certificate should be executed the word "pending" in pencil in Item Medical Examiner's Office along with should be used as a burial-transit perrito burial, cremation, or removal, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
This ce word dical E Juid be Surial	PERFORMED? YES NO FI
AMINER: This converging the word Chief Medical I sage 3 should be to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT
Me shou	□ PRIMARY or CONTRIBUTING □ □ CAUSE OF DEATH.
AMINER writing the Bage 3 st Page 3 st nt, prior i	
EXAMIN the, writin the Chia R. Page	How s.m. While Not While lectory, street, office bldg., etc.]
High Con	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
5 2 5 N 5	death resulted from: Natural causes X. Accident, Suicide, Homicide, Undetermined manner
Nai S	CHIEF MEDICAL EXAMINER
M to it is	SIGNATURE ON VICKY ASSISTANT MEDICAL EXAMINER DATE SIGNED
TOTY MESSAL EX stacute the certificate, id be forwarded to the TEREL DIRECTOR. or its designated age	FO ROEPUTY MEDICAL EXAMINER [X] 2-14-67
DEPUTY MESSEAL EX asse execute the certificate, should be forwarded to th FUNERAL DIRECTOR. baith or its designated age	NAME (Type) LOUIS 3. #ELTY Address (Street, city, town, or county)
O DEP please 4 shoul O PUN Health	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State)
0 <u>₹</u> 40 ±	Burial 2/15/1967 West Laurel Hill Phila, Pai
	23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VR AISME	MAURICE E. NEUWAM & SON, Easton, Md. DATE FEB 1 5 1967 Icharles Judge
5M 1/63	

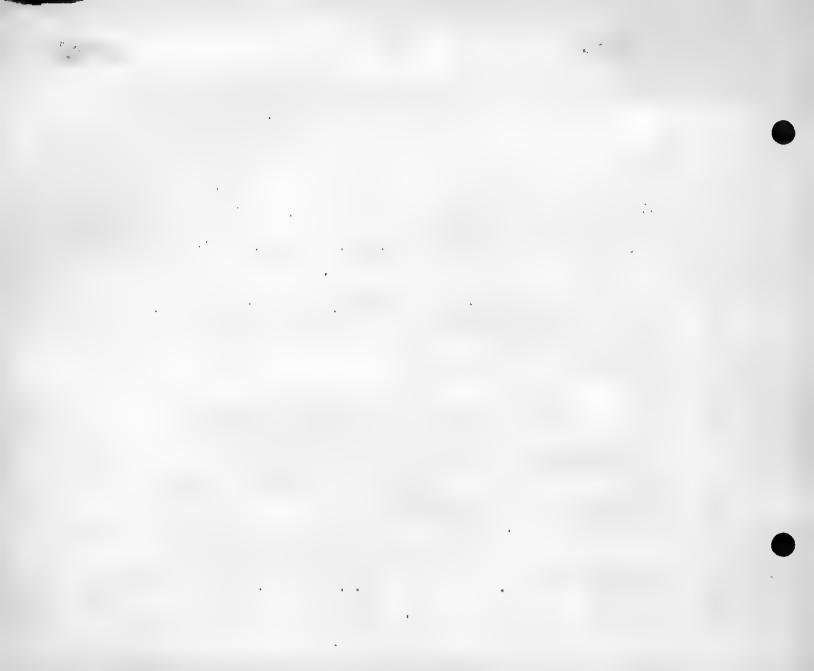


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02732 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ve carbon papers. Pages 1 and 2 event, within 72 hours ofter death completely filled in by the funeral ove carbon popers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COLINTY a. STATE b. COUNTY Maryland Dorchester MARYLAND CITY OR TOWN (f autside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO K YES 3 NAME OF Middle 4 DATE First Last Month Doy Year DECEASED ΩF (Type or print) DEATH S. SEX IF UNDER I YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** birthdoy) Months Dovs Oct. 21, 1906 Hours Female Negro X WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY 13SA during most of working life, even if retired). Housework INDUSTRY Home Dorchester Co., Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removol, Thomas Coleman Unknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) Thomas E. Elbert, Hurlock, Maryland Unknown No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PARY I, DEATH WAS CAUSED BY NTERVAL BETWEEL signed by the buriol-tronsit p INSET AND DEAT IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO. 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour om. factory, street, office bldg., etc.) of work of work 1906 -1000 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 12 -M, from causes and on the date stated above saw the deceased alive an. 22o, SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d, ADDRESS 22c. PHYSICIAN'S Ambler NAME (Type) Easton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (Stote) Feb. 19, 1967 East New Market Cemetery East New Market 25b REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #6 Film #6385_2.230.67 pc CERTIFICATE 02733 OF filled in by the funeral in papers. Pages I and 2 within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before dumission: PLACE OF DEATH a. COUNTY signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remave carban papers. Pages I burial, cremation, ar removal, and in any event, within 72 hours after. MARYLAND b. CITY OR TOWN Ill autside carparate c LENGTH OF STAY IN 16 autade corparate limits, write RURAL and give nearest town? CITY OR TOWN write RURAL and give nearest tawn 4 decis. as4017 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS IS RES DENCE ON A FARM? emovial NO L 101 3 NAME OF Middle DATE First Last Month Year campferely OF DEATH 1967 The law requires that the death certificate be executed IF UNDER 24 HRS SEX AGE (In years last birthday) 7 MARRIED NEVER MARRIED Manths Days Haurs DIVORCED 12 CITIZEN OF WHAT 10g. USUAL OCC. PATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY KAPER HANGER 13 FATHER'S NAME JOSER Address Liberty WAS DECEASED EVER IN J.S. ARMED FORCES? \ INFORMANT 16. SOCIAL SECURITY NO O FUNERAL DIRECTOR: After this certificate has been signed by the attendit director, page 3 shauld be detached far use as the bunial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service LIES INTERVAL BETWEEN CAUSE OF DEATH (Enter any one cause per ling-for (a), (b), and (c),) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO DE 20o ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour o.m. factory, street, affice bldg., etc.) Not While p.m. ot work 3 Fel 196 (ta 2]. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an 6 File and that death accurred at 5 A. M. fram causes and an the date stated above 19 6 220. SIGNATURE 22b DATE SIGNED STAFF **ATTENDING** M.D. PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 2/9/67 Stephen P.Carney M. D. Maryland Easton. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230. BURIAL EREMATION 230 (County) (Stote) REMOVAL (Specify) **ADDRESS** 2So REÇD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



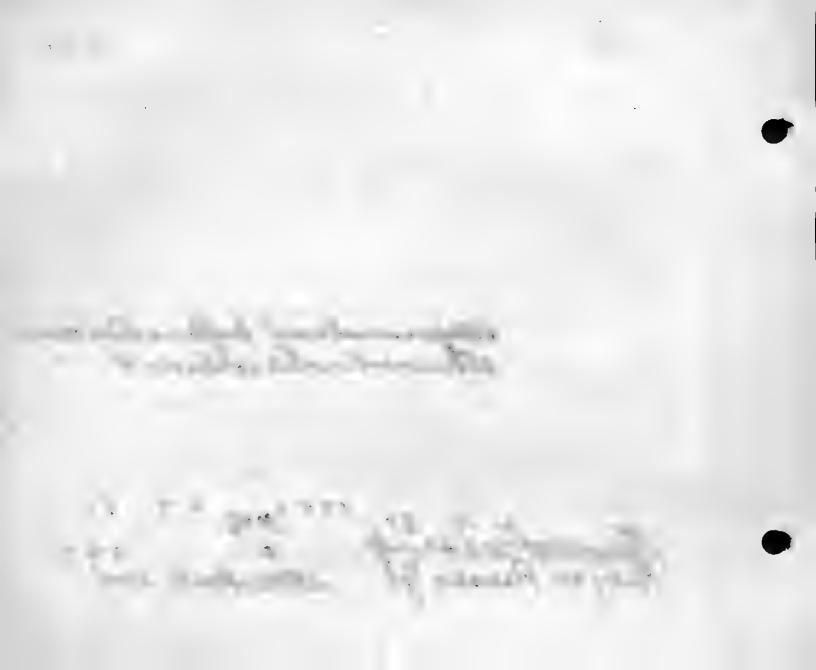
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. event, within 72 hours after death. by the funeral Pages 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution: Residence before admission) O STATE/L a. COUNTY COUNTY MARYLAND c. LENGTH OF STAY IN 16 CLLY OR TOWN (if abtside corporate limits c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town the attending physician and campletely filled in sit permit. Then please remave carban papers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street add/ess) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO T YES NAME OF First Last 4. DATE Marth Daw Year DECEASED OF DEATH 19 (Type or print) IF LINDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (n years birthday) Months Haurs Days WIDOWED DIVORCED and in any 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY during most of working life, even if retired) INDUSTRY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar, unknown) (If yes give war ar dates at service 1 FLGNIT 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (a) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) physician. 311 DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO has been sise as the the the the prior to be stating the underlying cause Page 4 may be retained by the haspital ar attending lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p far use NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH be detached (IF FITHER, NOTIFY MEDICAL EXAMINER) State Dept. E 20d INHIRY OCCURRED 20e PLACE OF INJURY (Hame farm. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m factory, street, affice bldg , etc.) Nat While at wark 21 I certify that (I) (this haspital) attended the deceased fram. director, page 3 shauld shauld be filed with the M, fram causes and an the date stated above and that death accurred at saw the deceased alive an 22a. SIGNATURE DATE SIGNED. ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S HARREGON NAME (Type 23c MAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b DATE THEREOF LOCATION (City or Town) (County) (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE JEUNERAL DIRECTOR ADDRESS 2II M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 92735 OF DEATH requires that the death certificate be executed within 24 hours after death. and campletely filled in by the funeral remave carban papers Pages I and . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Talb COUNTY a. COUNTY o.MATyland signed by the artending physician and campletely filled in by the fur burial-transit permit then please remave carban papers. Pages I burial, crematian, or removal, and in any event, within 72 hours after. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CITY OR TOWN (If outside comparate write RURAL and give nearest town Reyal Oak, Maryland d. NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? General Delivery NO D 3. NAME OF Middle 4. DATE Last Month Year Day DECEASED (Type or print) 196 DEATH 5 SEX DATE OF BIRTH AGE (In years F UNDER 1 YEAR 6 COLOR OR RACE MARRIED **NEVER MARRIED** lost birthday) Manths Doys Hours DIVORCED Do USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign/country) dome Rest of working life, even if retired) TI KDUSTRY COUNTRY? Bellevue, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknows Louise Greek 15 WAS DICEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, ar unknown) [If yes give war or dates af service 18 20-3812 17 INFORMANT Address Memerial Hespital, Raston, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o) DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta OR ATTENDING PHYSICIAN: The law PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS! PERFORMED? NO 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 2Dt. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. factory, street, office bldg , etc.) While Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram Z and that death accurred at 5 2 M. from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. MED. DIRECTOR M.D. 22c. PHYSICIAN S NAME (Type) 22d. ADDRES 23a BURIAL, CREMATION Bureless (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 236 PATE THEREO 2-8-1967 **BATE THEREOF** (County) (Stote) Reyal Oak Cemetery Royal Oak. Talbet MD. ADDRESS 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FEB



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY						
r death.	02736 CERTIFICATE OF DEATH	2732					
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: A. STATE MARYLAND MARYLAND MARYLAND D. COUNTY	Residence before admission)					
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	L and give nearest town)					
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) FIRST ESTELLE LAKKISGA DEATH FEB	Day Year					
	WIDOWED DIVORCED FEB 8, 1892 74 yrs. Months						
	during most of working life, even if retired) INDUSTRY MYSKY LIFT 9	CITIZEN OF WHAT COUNTRY?					
	EDWARD HARRISON SADIE B. HOPK	DNS					
	(Yes, no, or unknwn) (If yes give war or dates of service)						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if any, which gave rise to immediate (b) others relevolit conditions of	_					
	cause (a), stating the DUE TO underlying cause last.) [19. WAS AUTOPSY					
2		YES NO					
		ounty) (State)					
	Hour a.m. p.m. While at work at work factory, street, office bidg., etc.)						
	21. I certify that (I) (this hospital) attended the deceased from 19 2, and that death occurred M, from the causes and on 222 GNATURE 22b.	the date stated above					
	M.D. ATTENDING MED. STAFF DIRECTOR STAFF PHYS. 220. PHYS.CIAN'S 220. ADDRESS 220.	6-67					
1	232. BURIAL CRIMATION 1 23b. DATE THEREOF 123c. MME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or co	ounty) (State)					
01	REMOVAL (Specify) TEB 6, 1967 OLT VET STMD (A-A) 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAY 250. REGISTRAY	PLS MI).					
5	HARRIES ON LEGNARY ST MICHALLS DATE FEB 10 1867	carles Judge					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02737 requires that the death certificate be executed within 24 haurs after death by the funeral deal PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY attending physician and campiererypeers. Pages i permit. Then please remave carban papers. Pages i permit. Then please remave carban papers. MARYLAND b. CITY OR TOWN (If autside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) e IS RESIDENC d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? NO e mori YES NAME OF Middle 4 DATE Month Day Year First DECEASED (Type or print) OF DEATH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS SEX 6 COLOR OR RACE jast birthday) Manths Hours DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) INDUSTRY COUNTRY ? during mast at working te, even it retired) 13. FATHER'S NAME burial, crematian, ar remay AMUEL 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Laknawn) (If yes give war ar dates of service HERWOOD signed by the c burial-transit p CAUSE OF DEATH (Enter only one cause per and for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave nse to immediate cause (a) DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been far use as the Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bleff., etc.) Hour a.m. Not While of work of work | Certify (hot (1) (this hospital) attended the deceased fram and that deoth occurred at 4 A.M. fram causes and an the date stated above the deceased alive on DATE SIGNED 22b. ATTENDING STAFF M.D. PHYS 22d. ADDRESS IAME (Type) R. Lane Wroth, M.D. St. Michaels. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S 61GNATU EMNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 967

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RYLAND STATE DEPARTMENT OF MEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. COUNTY b. COUNTY Talbot Talbot Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town! Rural - St. Michaels 5 YES Newcomb d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO K Rio Vista Nursing Home 3. NAME OF 4. DATE Middle Month DECEASED OF within (Type or print) GERTRUDE BLIZABETH HICKSTEIN February 28, 19 67 DEATH carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. death certificate be and last birthday) Months March 18, 1878 Female WIDOWED V DIVORCED [remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (County & Stete, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Picton, Ontario, Canada Candda Housewife please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Corev Fred Couch Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) Mrs. Marie C. Gannon, Newcomb, Maryland No None 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS 95 2 CERTIFICATION PERFORMED? USB prior NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of (njury in Pert I) of stem 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) ō factory, street, office bldg., etc. While Not While Hour a.m. DIRECTOR: at work 19 p.m attended the deceased from. ... 1962 that (I) (we) last19 Land that death occurred at JUTAN. from the causes and on the date stated above. deceased. **SUSMATURE** 22b. DATE ATTENDING STAFF SIGNED page with th FUNERAL DIRECTOR PHYS. PHYS. M.D. Page PHYSICIAN'S 22d. ADDRESS NAME (Type ector, LANE WROTH. Michaels, Maryland Peli Μ. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) £ # & REMOVAL (Specify) Fort Lincoln Cemetery Washington, D. C. Cremation 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNAL



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02740 requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH physician and completely filled in by the funeral on please remove carban papers. Pages 1 and o. COUNTY TATSBY Marvland MARYLAND ease remove carban papers. Pages I and in any event, within 72 hours afte c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Kent Narrows, mear Easton, Md d STREET ADDRESS
17 Kont Island d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? NO YES 3. NAME OF Middle 4. DATE Month Year DECEASED 19 (Type or print) DEATH DATE OF BIRTH S SEX 6. COLOR OR RACE 9 AGE (In years NEVER MARRIED Months Unknown The light owner oy) Hours Negro Mama la WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotian, or removal, Unknown Unknown ottending parenti. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT signed by the ottendil buriol-transit permit. (Yes no, or unknown) (If yes nive wor or dates of service) 218-14-7940 Memorial Hosp, Easton, Md. INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). NO 🔽 Poge 4 may be retained by the hospital or 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED factory, street, office bldg , etc.) Not While at wark at work 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 6-15 1964 2-26 1967 and that death accurred at 10 3k M, fram causes and on the date stated above. 2-26 saw the deceased alive an_ 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR STAFF PHYS **ATTENDING** MD 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Stephen P. Carney M.D Easton, Maryland 23g BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Trappa, Md THE MEMOUNT (Specify) Trans Mar 4.1967 ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/6II

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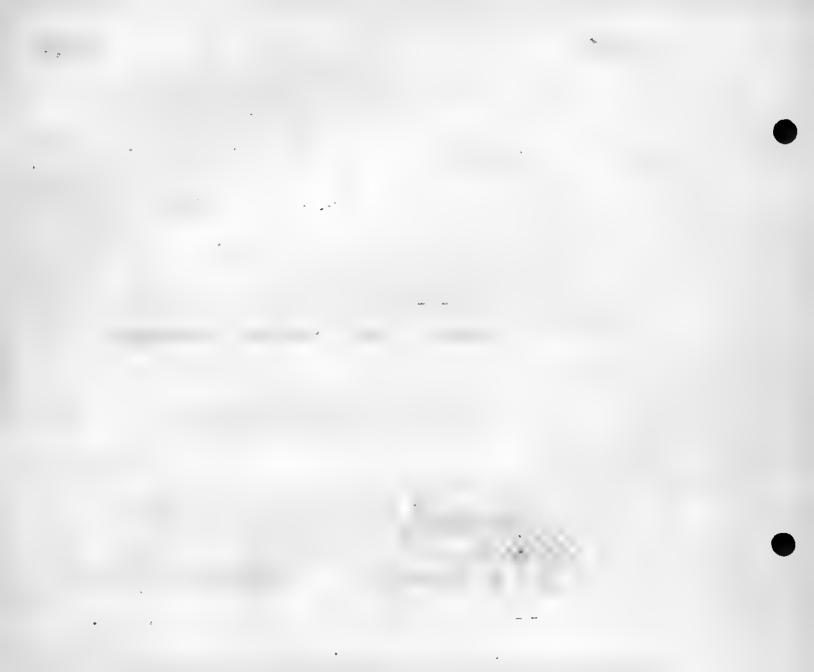
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funera love carbon papers. Pages I and o. COUNTY o. SMiryland THE THEOGRAPHITY MARYLAND buriol-transit permit. Then please remove carbon papers. Pages_1 buriol, cremation, or removol, and in ony event, within 72 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits.) Cerdeva, Maryland Life d STREET ADDRESS B IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If nation haspital, give street address) Route # 1, General Del. NO 4. DATE NAME OF Middle Month Year. DECEASED (Type or print) DEATH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH Manths 12-18- 1895 hethdoy) Hours Mile Negre DIVORCED WIDOWED ond 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be COUNTRY? INDUSTRY Williamsburg, Maryland USA 14. MOTHER S MAIDEN NAME 13. FATHER S NAME Heary Jenkins Katie Jenkins IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, go, or unknown) (If yes give war or dates of service) 220-12-0433 Widow(Adeline Jenkins) same as abeve INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one cause per line for (o), (b) and (c).) signed by the buriol-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUF TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bidg .etc) Not While at work at work 21. 1 certify that (1) this grended the beceased from 19____, that (!) (we) last and that death occurred of M, from couses and on the date stated above. sow the deceased 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRES 22c. PHYSICIAN S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b DATE THEREOF (County) (Stote) BUHAL (Specify) Graservill 2-6-1967 Grasonville Cometerv 0 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. PUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 02742 after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY egee remove carbon papers. Pages 1 ond in ony event, within 72 hours after MARYLAND in by man c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 write RURAL and give negrest-town requires that the death certificate be executed within 24 hours d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) completely filled BOXIBI MIDDLEFORDROYES enho DATE OF DEATH NAME OF Middle First Year DECEMSED NM 19 6 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED lost birthday) Hours Ino USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? duping most of working life, even if retired) INDUSTRY STALLER 13. FATHER S NAME STALLIATIUN COL 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying cause hos been s director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20a ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg,, etc.) Hour o.m. Not While . 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 3 Feb 1967 - to. 6 Feb 1967, and that death accurred at 118 36 M, from causes and an the date stated above. saw the deceased alive an Felm 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. ADDRESS 22d 22r PHYSICIAN S NAME (Type) MEM. HUSP-LEASTON MAR NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) DATE THEREOF (State) **SURFAL, CREMATION** REMOVAL (Specify) SVILLE COMETER 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D'BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] SIFAFORA ALBAW ARLEDATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02743 requires that the death certificate be executed within 24 haurs after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and completely filled in by the funeral remave carbon papers. Pages 1 and PLACE OF DEATH a. COUNTY Talbet NIY Maryland MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) remave carbon papers Pages formerent, within 72 hours aft b. CITY OR TOWN (If outside corporate amits, C LENGTH OF STAY IN ID write RURAL and give nearest town) Oxford, Maryland A5-10 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, que d. STREET ADDRESS 6 S RESIDENCE ON A FARM? street oddress) General Delivery 00 EMORIN AE2 [NO 4. DATE 3 NAME OF Manth Day Year DECEASED 2 19 (Type ar print) DEATH DATE OF BIRTH AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE **NEVER MARRIED** birthday) Months Hours May 8,1885 Male Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane during most of work go life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT TISQUNTRY? NADUSTRY Trappe, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME director, page 3 should be detached for use as the buriot-transh penim. Then prished be filed with the State Dept. of Health prior to buriot, cremation, or removal, George Landman Florence Camper 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. signed by the ottendir buriol-tronsit (Yespiro or unknown) (If yespire wor or dotes of service) 201-10-3312 Memorial Hesp., Easten, Maryland 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. 7001 DUE TO Canditians, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause this certificate has been use os the last. WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 205. DESCRIBE HOW NURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER detached 3 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Nat While at work ot work O FUNERAL DIRECTOR: After 4 21. I certify that (I) (this haspital) attended the deregsed fram, and that death occurred at 15 AM, from causes and an the date stoted obove. saw the deceased alive and 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d APPRESS 23d. LOCATION (City or Town) CEMETERY OR CREMATORY BUR AL, CREMATION, 23b. DATE THEREO (County) (State) PEMOVAI (Specify) Mar 2,1967 Trappe Cometery Trappe . Md Talbet ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Funeral Heme, Easten, Md VR A15 (4) 1967

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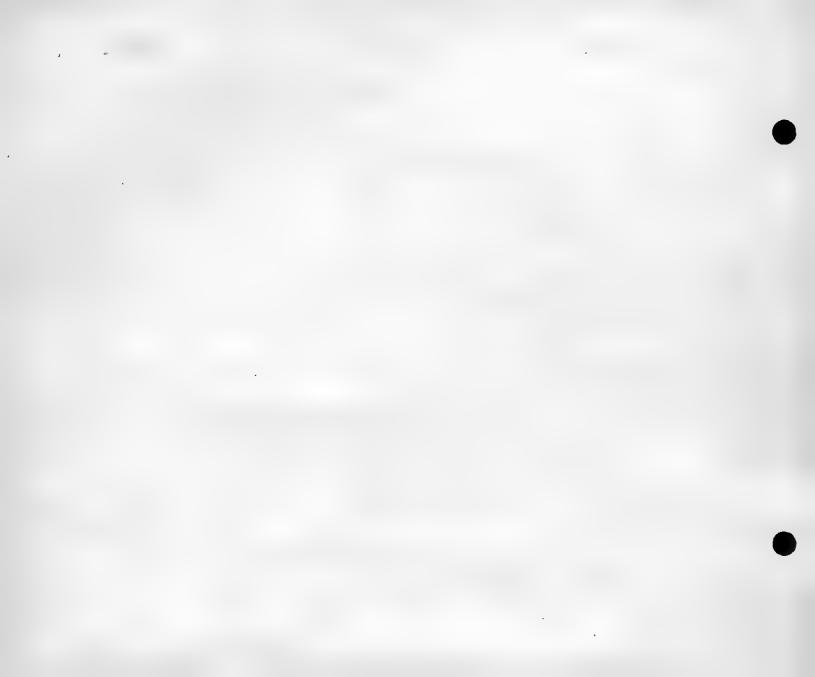
CERTIFICATE OF DEATH PLACE OF BEATH 1 PLACE OF BEATH 2 USUAL RESIDENCE (Where describe lived, if mystanium Residence before commission) 1 PLACE OF BEATH 1	+ 1 (W)	It	em lo Film 306 3-1-67 MARYLAND STATE I	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
PACK OF DIAN a. CORNET. PACK OF DIAN A. CORNET. A.	7				0.000
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	funeral funeral s 1 and 2	L	PLACE OF DEATH a. COUNTY TALIBOT MARYLAND	'Mryland talbut	nce before adm ssion)
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	by the Page aurs of		write RJRAL and give negrest tawn)	Trappe, Maryland	-/
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	and 24 ha		1/2 2 · () // 1-1		
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	ed withīr pletely fi carban g ent, with		Type or print) Thomas	LANGULU, JR OF DEATH 2-	16 1967
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	execut d cami	I.	ale Negre WIDOWED DIVORCED	7-22- 1910 5 dast berthday) Months	Days Haurs Min.
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	te ber on an	dur dur	USUAL OCCUPATION (Give kind of work dane ng mashat working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT OUNTRY? JSA
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	Physic Physic en po	13.			
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	death c	IS. (Ye	s, na, ar Linknawn) (If yes give war ar dates of service) 421— 10— 0250 1:	NFORMANT Address Semerial Hespital, Easten, Md.	
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	hat the n. y the a ansit pe		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sept Let 177	2	INTERVAL BETWEEN ONSET AND DEATH
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	equires t physicia signed b burial-tr burial, cr		Conditions, if ony, which gave rise to immediate cause (a).	Observes of Bidrieys	
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	law re nding been s the riarta		last. (c) Broine 170 p		I 10 MAC AUTODOV
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	I: The or afte te has use o ofth pi	CATION			PERFORMED? YES NO
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	rsicial sspital certifica ned for		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	uc PHY the har this ser this detact	MEDICA	Haur a m. While Not While		ounty) (Stote)
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	TENDIN ned by R: Afre ould be the Sto		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 2/1/2 (1967), and t	hat death accurred at 11 % M, fram causes and an	(i) (we) last the date stated above.
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	OR AT		220. SIGNATURE	ATTENDING MED. STAFF 2-	DATE SIGNED
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	PITAL I may P ERAL D II, pag I be file		NAME (Type) E.D. SUHIMILI	Corren, Md-16	1601
24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE	O HOS Page 4 O FUN directs	230		etery Trappe, Md Talk	et
10 M 1/00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VR A15 (4) / 120 M 1/66	24	FUNERAL DIRECTOR ADDRESS ADDRESS OF	for both DATE = 5 2 3 1967 Hollow	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ve carban papers. Pages 1 and 2 event, within 72 hours after death. The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY albox MARYLAND C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside_corporate write RURAL and give Lohman d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, que steet oddress). YES 🔲 NO DO please remove carban 3. NAME OF 4 DATE Month Year DECEASED (Type or print) DEATH 19 IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED birthdoy) Months Hours white WIDOWED DIVORCED male 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or foreign country) dur ng/most of workung life, even if retired) INDUSTRY /albox 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel R. Lednum 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) Ledrum, Tilghman, Md. Mrs. Marion E. no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) has been signed by the se as the burial-transit burial, cremat PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending detached for use as the e Dept. of Health prior to lost. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V YES FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour p.m Not While of work 3 shauld be 21 I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from causes and on the date stated above say the deceased alive an 22 SIGNATURE DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS 22d. ADDRESS-22c/PHYSICIAN'S 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. 23b. DATE THERE OF NAME OF CEMETERY OR CREMATOR (County) (Stote) Pilorim Holiness emetery Tilahman. 9 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND Met Within 72 hours afte. filled in by the fun papers. Pages b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) carbon papers. d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NO 3 NAME OF Middle 4. DATE Year First Lost Manth Day completely DECEASED (Type or print) DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (n years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED last bythdoy) Manths Dovs Hours WIDOWED DIVORCED burial, crematian, or removal, and in any 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done during most of working the even if retired) INDUSTRY 13. FATHER S-NAME 14. MOTHER'S MAIDEN NAM BU IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. INFORMANT Address 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1 DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) DUE TO phritis, Pseudomenas Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse Page 4 may be retained by the haspital ar attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? for use director, page 3 should be detached for use should be filed with the State Dept. of Health 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While ot work 2). I certify that (1) (this hospital) attended the deceased from... 14MY . 1965 to 28 1967, and that death accurred at 428 M, fram causes and an the date stated above saw the deceased alive an Feb. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 12 N. 1 230 BURIAL CREMATION 23b, DATE THEREOF OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** VR A15 (4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit =rmit. Then please remoye carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 5-63

	MARYLAND STATE DIFARIMINE OF HIGHTI	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
02747	CERTIFICATE OF DEATH	
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02747	CERTIFICATE	OF DEATH		DOMAG
i. PLACE OF DEATH e. COUNTY Talbot b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown) BOZMAN	c. LENGTH OF STAY IN 16	m. STATE Mat c. CITY OR TOWN (I	CE (Where decessed lived, if list b. COUNTY Yland f outside corporate limits, write RU	Talbot
d. NAME OF HOSPITAL OR INSTITUTION (if n	of in hospital, give street eddress)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO X
	MARRIED NEVER MARRIED 8	DATE OF BIRTH AUGUST 4, 190 II BIRTHPLACE (Coun Talbot Coun MOTHER'S MAIDEN I	9. AGE (In years of lest birthdey) 58 yrs. by & Stata, or foreign country) ty, Maryland	Dey Yaar PLATY 16, 19 67 UNDER I YEAR IF UNDER 24 HRS. Onths Deys Hours Min 12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S ARMED FORCE (Yas, no, or unkown) 18. CAUSE OF DEATH [Enter only one ca PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIO	220-01-7552 Mrs us parine for (a), (b), and (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	Mary Ellen Heller & Melley Chi	Baines, Bozman	INTERVAL BETWEEN ONSET AND DEATH
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 21. I certify that (I) (Nus heapital saw the deceased alive on./)	20b. DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED 20e. PLA While Not While at work at work	D. (Enter nature of injury in CE OF INJURY (Home, farm ory, street, office bldg., etc.) death occurred S.D. ATTENDING	Pert I or Pert II of Item IB)	YES NO (State)
Ro LANE 23a. BURIAL: CREMATION, 23b. DATE THEREO REMOVAL (Specify) BUXIAL 24 FUNERAL DIRECTOR'S SIGNATURE		crematory	Hichaels, Maryla 23d, LOCATION (City, Iown Bozman, Mary Boy REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	or county) (Stele)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02748 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH completely filled in by the funero nove corbon papers. Pages Land o. COUNTY a. STATE **b.** COUNTY MARYLAND Korbon papers. Pages L entywithin 72 hours offer b. CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 16 c, EITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) aston e. IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL DR INSTITUT DN (If not in hospital, give street address) d STREET ADDRESS Prospect + NO X YES DATE 3. NAME OF Middle Manth Doy Year First Last DECEASED OF DEATH (Type or print) IF JNDER I YEAR SEX 6. COLOR OR RACE DATE OF BIRTH, 9. AGE (In years 7 MARRIED NEVER MARRIED thday) remove Manths Days Hours burial, cremation, or remavol, and in any ev DIVDRCED and 12. CITIZEN OF WHAT 1Db KIND OF BUSINESS OR 1Da USJAL OCCUPATION (Give kind of work dane during most of working life even if retired) INDUSTRY aroline Maruland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ottending phys Tilghman Stevens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? lenkutienen essential NO Page 4 may be retained by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De, PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Nat While at work at wark 21. I certify that (I) (this haspital) attended the deceased from 25 Fc6 . 1927, that (1) (we) last 19 47 1967, and that death accurred at 558 M, from causes and an the date stated above. saw the deceased olive on 2676 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS 27 teb 67 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TYPE) THURSTON HARRISON 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) BURIAL CREMATION Preston REGISTORR'S SIGNATURE FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH papers Poges I and 2 thin 72 hours ofter death. puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission Talbet b COUNTY o COUNTY ° Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Oxford, Maryland requires that the death certificate be executed within 24 hours IS RESIDENCE ON A FARM? filled in d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address) General RD Delivery YES | NO 🖊 NAME OF Year (also Lost Dov attending physicion and completely l termit. Then please remove corbon DECEASED (Type or print) Rakes DEATH event B. DATE OF BIRTH AGE IF UNDER 24 HRS S SEX 6 COLOR OR RACE n yeors 7 MARRIED **NEVER MARRIED** n dest birthdoy) Months Dovs Hours April 17,1894 Negre Male DIVORCED WIDOWED ond in only 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10o USUA: OCCUPAT DN (G ve kind of work done during to the property life, even if retired) USA USA ING THE Trappe, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or removal, Themas Rakes Clara Fountain 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FDRCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) signed by the attendis burial-transit permit. 12-1978 T Memorial Hesp., Easter, Md No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), part (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO PROSTATITIS Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? ΝĐ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Hour o.m. Not While at work ot work 21. I certify that (11) (this hospital) attended the deceased from 2-2-2 1967, to 2-26, 1967 that ((we) last , and that death occurred at 35M, from causes and on the date stated above. saw the deceased alive an-22b. DATE SIGNED 220 SIGNATURE MED DIRECTOR STAFF PHYS M.D 22d ADDRESS FASTON 22c. PHYSICIAN'S 221 Glenwood KICHARD NAME (Type) 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION. 2,1967 REMOVAL (Specify) Trappe, Md Talbet Trappe Cometery 25b. REGISTRARE SIGNATURE 2So. REC'D BY REGISTRAR **SHINERAL DIRECTOR** VR A15 (4) 20 M 1/660

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02750 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY COUNTY within 72 hours after MARYLAND 24 hours after b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town d STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled in INSTITUTION (If not in hospital, give street address) 32 S. WASHINGTON NO F requires that the death certificate be executed within y event, with DATE OF DEATH NAME OF Middle F-rst Dov Year DECEASED (Type or print) 455 S SEX DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR NEVER MARRIED last birthdoy) Months Hours DIVORCED WIDOWED BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10h COUNTRY? during most of working life, even if retired) INDUSTRY signed by the ottending physician hurial-transit permit. Then please TALBOT RETIRED FEED MILL FM PL 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME or removal MATILDA WILLIAM TURNER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes give war ar dates of service) MRS. MARGARET R. HARRISON EASTON, I 218-E1-1361A burial, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUF TO** s certificate has been si sched for use as the b spt. af Health prior to b stating the underlying couse Page 4 may be retained by the hospitol or attending WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION director, page 3 should be detoched for use should be filed with the State Dept. af Heolth NO R 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stota) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While O FUNERAL DIRECTOR: After 21. I certify that (1) (this traspital) attended the deceased from 2 Fee 1967, to 16 Fel 1967, that (1) (we) last and that death accurred at M. fram causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S Stephen P. Carney, M.D. Easton, Md. 23a BURIAL CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) EASTON FEB. 20, 1967 TALIBOT 25b REGISTRAR S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



10	1(1)		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
, et		7	0275 Thom #3 Film CERTIFICATE OF DEATH	77.8.4
after death.	the funeral es 1 and after death		TALBOT MARYDAND	POLINE V
hours af	in by S. Pag hours		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	d give nearest town
24	fille pape in 72	•	HOUSE IN THE PINES - EASTONZ ATXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NO NO
be executed within	n and completely filled remove carbon papers in any event, within 72		OECEASED (Type or print) Frank 1991, E. Sands. DEATH 2	Day Year 22 1967
execute	and col		FEMALE WHITE WIOOWEO DIVORCED 9/29/1877 (9 yrs.) Months Da	ys Hours Min.
te be	attending physician rmit. Then please 1, or removal, and in		Housework Baltimore	ZEN OF WHAT
Certifica	ding the Then		13. FATHER'S NAME James W. McGill Sarah Timmons	
	the attencit permit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give war or dates of service) 220-48-1863 7 Dennis Tarbutton Easton; Md.	
requires that the death	signed by urial-trans		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	NTERVAL BETWEEN ONSET AND DEATH 3 muths
CIAN: The law	pital or att irtificate had for use of Health p	2		19. WAS AUTOPSY PERFORMED? YES NO
NG PHYSI	d by the hos After this ce d be detache State Dept.		20c. TIME OF INJURY Month, Oay, Year Hour a.m. While at work No. 19 Not While at work No. 19	(State)
OR ATTEND	be retained DIRECTOR: / ge 3 should ed with the		saw the deceased alive on 2 - 3 1967, and that death occurred at 2 martin the causes and on the	, that (1) (we) las date stated above signed 2 2 - 6 7
HOSPITAL	Page 4 may O FUNERAL (director, page should be fil	1	22c. PHYSICIAN'S V NAME (Type) Stephen P. Carney, M.D. 22d. AODRESS P.O. Box 929, Easton, Md. 21.	601
2	TO F	. 3	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count) REMOVAL (Specify) 2/25/1967 2. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count) Preston, Md. 24. FUNERAL OIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S S	
	/R #15 (4) 20M 1/65	1	Maurice to Mennam & John FAstow, Mid. 1967 polimes	Judge .

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	4	tem to Film 500 5-10-MARYLAND STATE DEPARTMENT OF HEALTH
	-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	FOR STATE	#2752 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02745
1	HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission
-	Page of	O. COUNTY TALBOT MARYLAND MARYLAND MARYLAND MARYLAND TALBOT TALBOT
	Files	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negret fown)
		write KUKAL and give nearest town)
	ay is need of for your Departminedeath.	TUNIS MILLS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS le. 15 RESIDENCE
		ON A FARM?
	ith. If any delate to the funeral be retained to the funeral be retained to the State Dhours after d	3. NAME OF First Middle Last 4. DATE Month Day Year
	If any the father father father She Surs	DECEASED OF THE COLOR OF THE CO
	ath. If a 3 to the y be ret ith the ith the 2 hours	2040 SCHIANTED MAN 10 1491
	death td 3 to td 3 to ray be with 72 h	last birthdey) Months Days Hours Min
	P C L	M WIDOWED DIVORCED 17EB, 21 18 19 1 8 7 yrs.
	s after death 1, 2, and 3 t ge 5 may b and 2 with within 72 t	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY
	In a Carte	CARPENTRY RETIRED (ARPENTER BONN, GERMANY U.S.A.
	T 4 6 6 6	13. FATHER'S NAME
	le Pie	CONRAD SCHAMEL
	14 15 15 15 15 15 15 15 15 15 15 15 15 15	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [[[yesgivewerordstesofservice]]
	A Liming	NO 220-32-0341 NORMAN SCHAMEL PASADENA MACULAND
	# × × × × × × × × × × × × × × × × × × ×	18. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c).)
	li in lingualista	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion ONSET AND DEATH
	Per Pi-fre	1201 DUE TO
	eris y	Conditions, if any, which (b)
	S S S S S S S S S S S S S S S S S S S	gave rise to immediate cause
	ate ner ner	(e), maining the underlying
	fiffic ami ami sed crei	16/
	MEDICAL EXAMINER: This certificate should be executed within 24 hours te the certificate, writing the word "pending" in pencil in them 18. Give pages I forwarded to the Chief Medical Examiner's Office along with form PM3. Par DINECTOR: Page 3 should be used as a burial-transit permit. File pages is designated agent, prior to burial, cremation, or removal, and in any event.	PERFORMED?
	This wo	YBS NO [] 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of from 18.)
	The The	PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
	INE ing	
	Mark to Mark	Hour a.m. While Not While fectory, street, office bldg., etc.)
	R: Pa	
	4 0 5 E	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
- 6	Nar War	CHIEF MEDICAL EXAMINER
-	2	SIGNATURE COM / WELL ASSISTANT MEDICAL EXAMINER DATE SIGNED
	T S S S S S S S S S S S S S S S S S S S	EXAMINER'S 1014 DEPUTY MEDICAL EXAMINER 2-20-67
	DAY OF THE PROPERTY OF THE PRO	NAME (Type) Address (Street, city, bown, or county)
	IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours at please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page IO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages I health or its designated agent, prior to burial, cremation, or removal, and in any event will	22a (BURIAL) CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slete)
	5.45.±	HEB. 21, 1967 SPRING HILL EASTON MARYLAND
	5n 1	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
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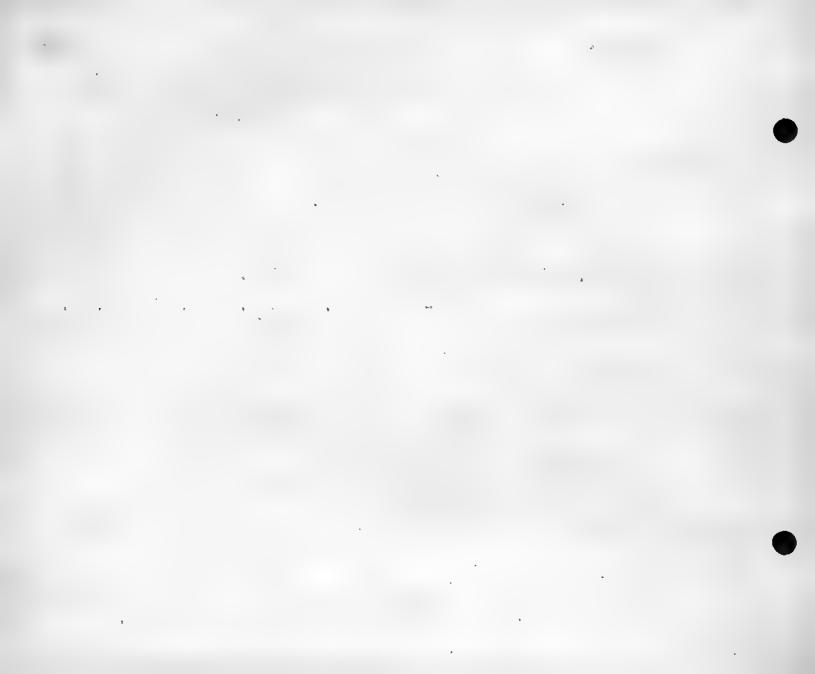


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #9 Film #G385_2417/57 DC 02754 CERTIFICATE ÖF requires that the death certificate be executed within 24 hours after death. bon papers. Pages I and 2 within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY may COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and afve nearest town St. Michaels, Maryland d STREET ADDRESS B IS RESIDENCE ON A FARM? filled in d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) RT# 1. Box# YES 🗍 NO 📝 Middle 3 NAME OF 4. DATE Month Doy Year carbon Fifst DECEASED (Type or print) 19 DEATH IF UNDER 1 YEAR JE UNDER 24 HRS DATE OF BIRTH AGE (In years Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1/45 pirthogy) Months Hours Dovs Negre 5- 28- 1890 DIVORCED WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a L'SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR by the attending physician are transit permit. Then please in cremation, at removal, and the COUNTRY? during reast of working life, even if retired) Bellevue, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rebert Themas Annie Reberts 16 SOCIAL SECURITY NO 17. INFORMANT Address IS WAS DECEASED EVER IN L.S. ARMED FORCES? signed by the attendir burial transit permit. (Yes, no. or unknown) (If yes give wor or dotes of service) 2 26-1564 al Mospital, Easton, Maryland 18. CAUSE OF DEATH (Enter only one couse per ly INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the lost. WAS AL PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Hour o.m. Not While ot work of work 1966, that (I) (we) last 21. Lettify then(1) (this hospital) attended the deceased from and that death accurred at AM, from causes and on the date stated above. saw the deceased alive an_ 22o. JIGNATUR 22b. DATE SIGNED STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS R. Lane Wroth, M.D. St. Michaels. Md. NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) BUREMOVAL (Specify) 2-15-1967 Memorial St.Michaels, Md Talbet Cem 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 ZHINERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02748 CERTIFICATE OF DEATH physician. signed by the attending physician and campletely filled in by the funeral signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Talbox MARYLAND Ct. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16, 5 b. CITY DR TOWN (If outside corporate lim ts, write RURAL and give negrest tawn) ohman d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM 9.7 YES NO 🗸 3. NAME OF 4. DATE Month Year Day DECEASED DEATH (Type or print) S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** DATE OF BIRTH birthday) Hours male WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State, or fareign country) 12 CITIZÊN OF WHAT during mast of working life, even if retired) INDUSTRY Talbox Maruland 13 FATHER'S NAME dward D. Tuler umminos WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) Tilahman. no INTERVAL-BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY PONSEY AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 4 261 Conditions, if any, which gove rise ta immediate cause (a), **DUE TO** as the prior tal stating the underlying couse this certificate has been last. far use as 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, fgrm, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) Not While ot wark at work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at M. fram causes and on the date stated above. saw the deceased alive on O FUNERAL DIRECTOR: 22g SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN 23d. LOCATION (City or Town) (State) (County) Methodist (emetery 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR DATÉ



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02756 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death within 72 hours ofter death. signed by the attending physicion and completely filled in by the funefall burial-transit permit. Then please remove-cecton papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY **b** COUNTY MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate omits, write RURAL and give nearest town) RURAL PRESTON -45+0N d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENCI YES NO NAME OF First Middle 4 DATE Month Day Year Lost DECEASED event, 196 (Type or print) DEATH IF UNDER YEAR IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years birthday) lost Months Hours 10.1907 and in any d 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT KIND OF BUSINESS OR PLUMBUK during most of working life, even if retired) INDUSTRY COUNTRY? PLUMBING + BUILDING ON TRACTOR: RIVED IN HOLLAND 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME or removal. GERARD VAN SCHALK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service PRESTON. DRIVELIUS VAN SCHAIK cremation, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital or ottending physician. DUE TO 2420 Conditions, if any, which gove rise to mmediate couse (a). DUE TO use os the a stoting the underlying couse this certificate has been lest WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 0 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While at work of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 19____, that (I) (we) last to be retained and that death accurred at4:304 M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 23 50667 1 bills The M.D. DIRECTOR poge 3 PHYS 22d. ADDRESS-22c PHYSICIAN'S Page 4 may NAME (Type) director, p 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) REMOVAL (Specify) FEBRUARU 26, 196 WOODLAWN MEMORIAL PARK EASTON M.D. 25b. REGISTRAR'S SIGNATURE 20 M 1/6

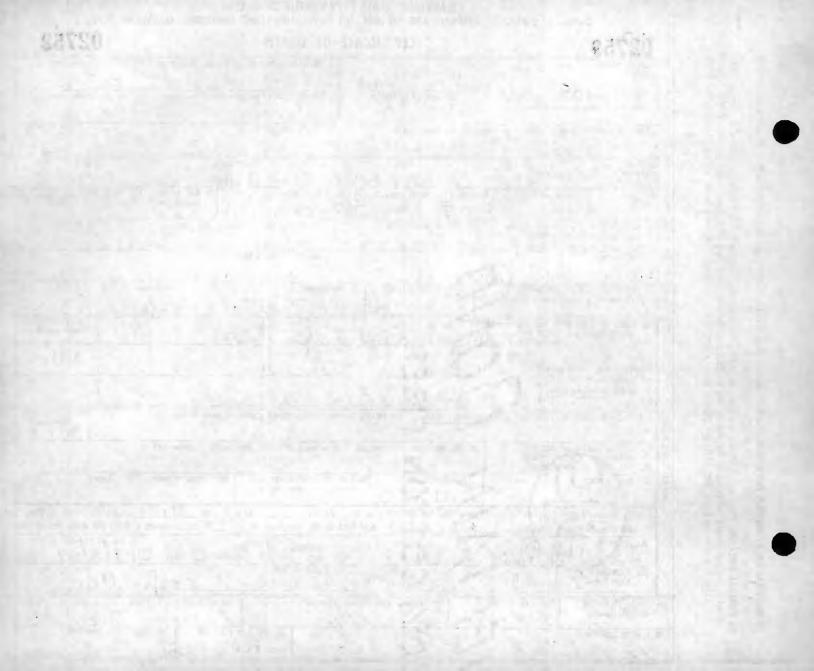


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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T and	PLACE OF DEATH a. COUNTY ALLOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE MARYLAND b. COUNTY OURSEN HANDE
Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
stefy filled in by bon papers. Pal within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE DN A FARM?
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and	HOUSEWIFE BOSTON - MASS. COUNTRY USA
m, or removal	HLEC SHANEY 14. MOTHER'S MAIDEN NAME UNKNOWN
o, en	5. WAS DECEASED EVER IN U.S. ARMED FORDES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unkown) (If yes give war or dates of service) RAYMOND WARNER - QUEENSTOWN MD.
urial, cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Reart Railer ONSET AND DEATH
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realtil prior to pa	gave rise to immediate cause (a), stating the DUE TO
FICATION	Underlying cause last,) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES [] NO YES [] NO
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MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at
(A)	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) la
with the	saw the deceased alive Dn
pellied	Robert W. Trever M.D. ATTENDING MED. STAFF 2/9/67 22c. PHYSICIAN'S 22d. ADDRESS
should be	NAME (Type) Robert W. Trever M.D. Easton, Maryland 2/9/67
25	REMOVAL (Specify) BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY (23d. LOCATION (City, town or county) (State) CHESTER FIELD (CENTREVILLE MD.
2	4. FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR'S SIGNATURE date B 1 5 1967 Johnson Sudge
=	the state of the s



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02758 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) b COUNTY Caroline o. COUNTY a. STATE MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give negrest-town within 72 hours Ridgely and completely filled in d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital faive street address) please remove carban papers None YES 🗀 NO DE NAME OF First Middle 4 DATE Month Year DECEASED OF (Type or pnnt) DEATH 19 and in any event SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRT AGE (n years last birthday) Months Dovs Hours Col. omale WIDOWED DIVORCED Jan. 22.1921 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working to even if retired) USA INDUSTRY None Georgia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removal, e. Cotlin Jehn Madeline Salem signed by the attending burial-transit permit Th 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. Unknown Harry Wittington Ridgely. CAUSE OF DEATH (Enter only one couse per line for (a) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). r this certificate has been si detached far use as the b te Dept. of Health priar to b DUE TO storing the underlying cause Page 4 may be retained by the haspital ar attending lost WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health NO 200 ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hausr a.m. foctory, street, office bldg., etc.) Nat While of work at work O FUNERAL DIRECTOR: After 19____, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from to and that death occurred at 1612. M, from causes and on the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR 22c. PHYSICIAN S. 22d. ADDRESS NAME (Type) BUR AL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DATE THEREOF (County) (State) REMOVAL (Specify) Still Pond Still Pond. Md. ADDRESS 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66





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